

FULTON AVENUE SCHOOL #8
3252 Fulton Avenue, Oceanside, New York 11572

"America's hope for the future passes through these doors"

Phyllis S. Harrington, Ed.D
Superintendent of Schools
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Dr. Frank Zangari
Principal
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Dear Parents/Guardians:

There have been several issues regarding Medication in school. Please review the school's policy below. If you have any questions, please call Mrs. Impastato, the school nurse, at 678-8505.

REQUIREMENTS FOR ADMINISTRATION OF MEDICATION FOR A CHILD DURING SCHOOL HOURS

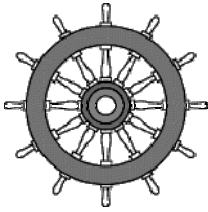
If your child has to take a **prescription or over-the-counter medication** during the school day, the following procedure is necessary.

1. Medications may be administered in school only in compliance with New York State regulations.
2. Medications will be given **only** with a written order from a licensed health care professional and with written permission from the parent/guardian of the student. (This includes all medications such as prescription drugs, medicated cough drops, ear drops, ointments, ADVIL AND TYLENOL).
3. The physician's order can be on a prescription or they can complete Administration of Medication in School form (can be picked up in the nurse's office). This information must include:
 - Diagnosis or condition being treated
 - Dosage, frequency and route of medication
 - Information regarding the drug, such as its use and possible side effects
 - Physician's name, address, telephone number and license number
4. The medication must be in its **original container** (bearing a pharmacy label). Pills placed in an envelope or separate container cannot be administered.
5. The medication will be kept in the School Nurse's office in a locked cabinet.
6. It is strongly recommended that all medications that can be given outside school hours, without deleterious effects to the child, should not be administered during school hours.
7. **ONLY MEDICATION DELIVERED TO THE SCHOOL NURSE BY THE PARENT/GUARDIAN WILL BE ACCEPTED. MEDICATIONS MUST NOT BE TRANSPORTED ON THE BUS BY THE STUDENT.**
8. All medication must be picked up at the nurse's office PRIOR TO THE LAST DAY OF SCHOOL OR THEY WILL BE DISCARDED.

Sincerely,

Dr. Frank Zangari
Principal

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**PARENT AND PRESCRIBER'S AUTHORIZATION FOR
 ADMINISTRATION OF MEDICATION IN SCHOOL**

TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled, original container from the pharmacy. I understand that the school nurse, or other designated person, will administer the medication.

Signature: _____

Address: _____

Telephone: Home _____ Cell _____ Work _____

TO BE COMPLETED BY THE LICENSED HEALTH CARE PRESCRIBER:

I request that my patient, as listed below, receive the following medication:

Name: _____ Date of Birth: _____

Diagnosis: _____

Name of medication: _____

Prescribed dosage, frequency, and route of administration _____

Time to be taken during school: _____ Duration of treatment: _____

Possible side effects/adverse reactions: _____

Other recommendations: _____

Name of licensed prescriber and title: (please print) _____

Prescriber's signature: _____ Date: _____

Address: _____ Phone: _____